MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027009

DO NOT WRITE		AMEN	Q3G P	L	<u> </u>	gistration District No.	N 2 6 1963		int A Kadisirati	On Dist	ici No. 45	Registrar's N	10				JMBER	
ON THIS STUB				<u>—</u>	 	PLACE OF DEATH						2. USUAL RESID					Residence	before
VS 300	8			1	<u>. </u>	a. COUNTY W	arren					a. STATE Mi	ssoui	<u>~ ∳</u> . COUNTY	Warr	en	admis	
Rev. 4/59	2				ı —	b. CITY (If outside co.			SHIP only)	Leng	gth of stay in 1b	c. CITY OR			_		Inside	
,	AMENDED				I _	TOWN ₩8	arrento			6	years	TOWN	_War	renton			Yes 🏡	
1/090	ļΨ		ļ		l	c. FULL NAME OF (IF HOSPITAL OR	, ,	-	•		Inside Limits	d. STREET ADDRESS	75		, give local	-	Į.	on Farm
2,090	DATE				l	HOSPITAL OR INSTITUTION	Katie J	ane	Home		Yes St No 🗆		<u>Kati</u>	ie Jan	e Hom	ie	Yes 🗆	No 🏋
3 4	· F	\forall	十	1	<u>3</u> .	NAME OF DECEASED	First	1		Middle	'e	Last	4. DA		Month	Day		Year
						(Type or print)	Geo	rge				Katich	DEA	ATH (June			5
4 0					5.	SEX	6. COLOR OR					B. DATE OF BIRT		SE (last birthda				ER 24 HR
5 0					I _	Male	White		Widowed	_	Divorced 🗍	0 47 10	-	80	Months		Hours	Min.
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10	∢			E.		PART I.	DEATH WAS CA	USED BY:	:	-,,						'6	NSET AND	DEATH
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12 86-0 S	AMENDMENTS ON THIS RE-			pocn	ابا	which g above stating tying c PART II 19. WAS AUTOPSY PERFORMED? YES NO 2 20. TIME OF How INJURY P. A.M. P. M. P	One, if any, lave rise to cause (a), the under-tause last. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day,	DUE TO (b DUE TO (c FICANT C on given i SUICID Year Year	Gene Sen ONDITIONS (in PART I (a) OF INJURY (fectory, street,	erali nile CONTRIB	dementia BUTING TO DEA' 20b. DESCRIBE HO or about home, bldg., etc.)	TH but not related	to the term	th arterior hear	RT III. If a there or in PART I d	deceased a a pregna	was fer	nknown male was at 90 deys. Unknown 18.)
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12 86-0 S	AMENDMENTS ON THIS RE-			OF .	ابا	which g above attaining lying c PART II 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour INJURY OCCURR WHILE AT WORK NOT WHILE WORK NOT WORK NOT WHILE WORK NOT WORK NO	ons, if any, lave rise to cause (a), the under last. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20a. WORK 20a.	DUE TO (b DUE TO (c FICANT Cr on given i SUICIDI Year Year M	Sene CONDITIONS (in PART I (a) DE HOMICID COF INJURY (factory, street, 8:0)	erali	dementia BUTING TO DEA 20b. DESCRIBE HC or about home, bldg., etc.) 9570 Jun D. m on th	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, 1e 16, 1963 the date stated above 22b. ADDRESS Warres	to the term RED. (Enter r OR LOCATI 3nd last save, and to th	minal PAR mature of injury ION what him alive on the best of my k	COUN COUN COUN Country in PART 1 of the p	deceased a pregnal or PART III	was fer sncy in last No	male wes at 90 days. Unknown 18.) STATE 63 red. ITE SIGNED
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28-31-3

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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If this body is not embalmed, fact should be so stated above.